

INFORMATIONAL LETTER NO.2172-MC-FFS

DATE: October 1, 2020

TO: Iowa Medicaid Health Home Providers

APPLIES TO: Managed Care (MC), Fee-for-Service (FFS)

FROM: Iowa Department of Human Services (DHS), Iowa Medicaid Enterprise (IME)

RE: Chronic Condition Health Home (CCHH) Billing

EFFECTIVE: July 1, 2020

This letter is the most recent in a series directed at Health Homes to explain the process for billing for Health Home Services.

Effective July 1, 2020, providers will bill S0280 for Chronic Condition Health Home (CCHH) in order to receive a per member per month (PMPM) reimbursement rate for providing CCHH services. The CCHH will bill procedure code S0280 with the appropriate modifier to identify the tier along with the informational code(s) on subsequent line items to attest to Health Home Services provided. The PMPM reflects the minimum level of activities that the State agency requires for providers to receive payment for Health Home Services.

Procedure Code Chronic Condition Health Home PMPM S0280

Tier	Modifier	PMPM Rate
1 (1-3 CC)	U1	\$13.48
2 (4-6 CC)	TF	\$26.96
3 (7-9 CC)	U2	\$53.91
4 (+10 CC)	TG	\$80.87

Informational Only Codes for Health Home Services Provided

Health Home Service	Code
Comprehensive Care Management	G0506
Care Coordination	G9008
Health Promotion	G2058
Comprehensive Transitional Care	G2065
Individual & Family Support Services	H0038
Referral to Community and Social Support Services	S0281

Health Home Services, as described in the six service definitions applies to all members enrolled in a Health Home.

Minimum Criteria:

- The member meets the eligibility requirements for health home enrollment as identified in the State Plan Amendment (SPA) and documented in the member's electronic health record (EHR).
- The member's eligibility requirements have been verified within the last 12 months. The member has full Medicaid benefits at the time the PMPM payment is made.
- The member has enrolled with the Health Home provider.
- The Health Home provider is in good standing with the IME and is operating in adherence with all Health Home Provider Standards.
- The minimum service required to merit a PMPM payment is that the person has received care management monitoring for treatment gaps defined as Health Home services in this State Plan. The Health Home must document Health Home services that were provided for the member

The rate is developed according to the actual cost of providing each component of the service. No other payments for these services shall be made.

The IME appreciates your continued partnership as we work to improve health outcomes. Please contact IME Provider Services by email IMEProviderServices@dhs.state.ia.us, or phone 1-800-338-7909, locally in Des Moines at 515-256-4609 if you have any questions regarding billing health home services.